

To: Karen Keyser, Health and Physical Education Specialist
From: Laura Bonsness, Physical Therapist

Comments regarding the proposed South Dakota K-12 Physical Education Standards and Grade-level Outcomes:

1. Standard 3: S3.H13: Nutrition and SD: S3.H14 Stress Management: South Dakota deleted these due to this being a part of the health education standards.

However, it is well known that many, perhaps most schools do not have health education teachers in their schools. We must make sure the health standards are actually being taught by having health education teachers in place or that the PE teachers know they are accountable for the material.

In addition, the South Dakota health care standards and PE standards do not get revised at the same time, so we should not refer from one document to another.

S3.H13: Nutrition and SD: S3.H14 Stress Management: South Dakota deleted these due to this being a part of the "national" health education standards. We all agree these two areas, nutrition and stress management are extremely important and we must avoid from having them "slip through the cracks." The national health education standards and the South Dakota PE standards do not get re-written simultaneously and as such, we should write the wording into the South Dakota standard and not just refer to the national document.

In addition, we have agreed as a state to NOT automatically adopt national standards without reviewing and revising them for South Dakota needs. Thus, we cannot place the above changes to refer to national health education standards (NHES.S6, NHES.S7 and S3.H2) automatically.

It would be good to actually write out the wording of the NHES.S6 that the South Dakota standard (SD: S3.H13 in the area of nutrition) referred to. It would be good to clarify NHES.S7 that South Dakota referred to for SD: S3.H14 for stress management. South Dakota also referred to HE.S3 for the standard SD: S3.H2 (physical activity knowledge). The rationale for this, is listed above.

2. To achieve the proposed PE standards in South Dakota, the teachers for physical education and health must be given the appropriate time in the school day, school week and each semester of every school year to accomplish this.

- a. Despite the wealth of knowledge concerning the benefits of physical education and physical activity, only 8% of elementary schools, 6.4% of middle schools and 5.8% of high schools provide daily physical education to all of its students.
- b. Over the last 20 years, PE and health education time in schools has been significantly cut. 44% of school administrators have reported



cuts in PE since the passage of No Child Left Behind (2001) in order to increase reading and math time. We can look at today's health care statistics and see that we need to swing some of this time back into better balance for improving our kid's physical health and knowledge.

- c. There have not been any mandates for schools to improve physical education despite the recommendation of over 40 health, educational and social service organizations.
 - d. We are discussing and revising PE standards and health education standards, which are a good thing to have in place for our children. However, for them to be accomplished, we must address the fact that the teachers and students need the time to accomplish them during the school day and school year.
 - e. Our current statistics regarding time requirements for physical education and activity in schools correlates with the increasing decline in health we are seeing in our children. It speaks volumes as to what we can expect our children's health to look like as they age and where we can see our healthcare system being driven into the ground.
3. **Do we really need more information to see the correlation between declining health and our declining physical/health education activity during the school day? It is only going to get worse without addressing it NOW.**
- a. The percentage of children ages 6-11 who are overweight has more than doubled in the last 20 years. The percentage of teens who are overweight has more than tripled.
 - c. Children being overweight:
 - 1. leads to high blood pressure, high cholesterol, leads to joint problems, asthma, diabetes
 - 2. anxiety, depression, low self esteem (suicide is now the 2nd or 3rd leading cause of death for youths in the USA),
 - 3. suffer more from back problems
 - 4. 94% of obese children suffer from sleep abnormality
 - d. Chronic pain syndromes and autoimmune disorders, of which stress and lack of stress management and physical activity are key risk factors, are on the rise in the USA.
4. **It is a known fact that physical activity improves overall health. It improves circulation, increases blood flow to the brain, raises endorphin levels which all help to reduce stress, improves mood and attitude, calms children and has been show to enhance academic learning.**

4. South Dakota: We must take action to make sure our children have time for physical/health education and physical activity during the school day.

- a. How many of our schools have health educators in their schools? If they don't have health educators, who is teaching the health education?
- b. If PE teachers are having to teach both physical education and health education, they need the appropriate time each semester, every year, to accomplish the goals/standards.
- c. As a group, I believe we answered the above questions: not many schools have health education teachers, some schools have the PE teacher try to teach some of the health education.
- d. PE in South Dakota is not meeting the recommended CDC minimal recommendation time for physical activity for our children. PE in most cases is 2 times per week in elementary, less in middle school and in high school there is perhaps 1 credit in 4 years.

5. Do we really need more information to see the long-term consequences of a lack of physical education and physical inactivity?

6. Our current healthcare system is in trouble. Imagine the impact on the cost of it as we continually see our kids and future generations health decline.

7. It does not take much to swing the pendulum back into balance in our schools to provide a healthy amount of physical education and activity.

8. The above are comments I feel comfortable discussing with the public and other health providers and education providers to promote vital and necessary changes in our education system.